## Exhibit 6



## SUSPENSION REQUEST FORM

Section below to be completed by Shelter Director:

PROGRAM ADMINISTRATOR'S NAME: Dean Uetake

DATE: 5/24/2017

SHELTER NAME: Marsha's House

NAME OF CLIENT TO BE SUSPENDED; Mariah Lopez

CARES ID:

NAMES AND CARES ID# OF OTHER INDIVIDUALS INVOLVED IN THE INCIDENT:

Deshawn Ablack - QPS Supervisor

DESCRIPTION OF THE INCIDENT (Attach the Incident Report and, if relevant, attach

other supporting documentation):

On 5/24/17 at approximately 4:30 PM, client Mariah Lopez began yelling and cursing at Guard Deshawn Ablack. Client Lopez stated that she wanted a certain QPS Guard removed immediately to which Mr. Ablack stated that no personel changes could take place immediately. Guard Ablack reports that the client continued to scream and curse at him eventually moving face to face with him while screaming at him. At this time, DHS Officer Disalvo placed herself between the client and Guard Ablack. Client Mariali Lopez reportedly maneuvered around DHS Officer DISalvo and struck Guard Ablack with her right hand on the left side of his chest. Guard Ablack contacted NYPD shortly after and they arrived at the facility at 5pm. Client Mariah Lopez was arrested at 5:15pm.

Section below to be completed by Program Administrator:

NUMBER OF SUSPENSION DAYS REQUESTED: 7 Days

CLIENT'S PRIOR SUSPENSION HISTORY IN THE SHELTER SYSTEM:

CLIENT'S SHELTER HISTORY (attach CARES printout) ; \_



## CLIENT'S SHELTER TRANSFER HISTORY OVER THE PAST YEAR, INCLUDING REASON FOR THE TRANSFER:

Marsha's House Official 5/6/2017 5/11/2017 Transfer - Administrative
The client was transferred to WinWest due to safety concerns from staff.

MENTAL HEALTH DIAGNOSES: Impulse Control Disorder / Generalized Anxiety Disorder / Bipolar Disorder

MEDICAL ISSUES OR DISABILITIES: None Reported

OTHER PRIOR BEHAVIORAL OR DISCIPLINARY ISSUES: Client has been involved in numerous altercations.

REASON FOR SEEKING SUSPENSION (CONSIDER WHETHER ANY ALTERNATIVE RECOURSE MAY OR MAY NOT BE VIABLE):

Client's behavior is a major concern for the safety of the staff and residents of the facility.

ACTION PLAN FOR CLIENT UPON RETURN FROM SUSPENSION:

. Administrative Transfer - Safety Concern